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20999 7590 10/21/2003

**FROMMER LAWRENCE & HAUG**  
**745 FIFTH AVENUE- 10TH FL.**  
**NEW YORK, NY 10151**

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/381,794	12/27/1999	JAMES S. HUNTER	454313-2540	4437

**TITLE OF INVENTION: PROCESS AND MEANS FOR THE ERADICATION OF TICKS IN THE HABITATS OF SMALL MAMMALS**

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	01/21/2004
EXAMINER	ART UNIT	CLASS-SUBCLASS			
LEVY, NEIL S	1616	424-405000			

**1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).**☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

**2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.**

**FROMMER LAWRENCE & HAUG, LLP****2 William S. Frommer****3 Thomas J. Kowalski****3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)**

**PLEASE NOTE:** Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

**(A) NAME OF ASSIGNEE****(B) RESIDENCE: (CITY and STATE OR COUNTRY)****Merial****Lyon, France**Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☐ corporation or other private group entity ☐ government**4a. The following fee(s) are enclosed:**☒ Issue Fee☒ Publication Fee☐ Advance Order - # of Copies \_\_\_\_\_**4b. Payment of Fee(s):**☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number **50-0320** (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature) **William S. Frommer** (Date) **12/27/03**

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